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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING
FOR LAGUNA HONDA HOSPITAL AND
REHABILITATION CENTER
February 14, 2023, 4:00 p.m.
Remote Meeting via Webex Event**

1. CALL TO ORDER

Present: Commissioner Tessie Guillermo, Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner Laurie Green, M.D., Member

Staff: Roland Pickens, MD, Naveena Bobba, MD, Nawzaneen Talai, Lucia Angel,
Claire Horton, MD, Jennifer Carton Wade, Julie Cline, Sherri Suto, Lily Conover, Lisa Hoo, MD,
Terry Dentoni, Zoe Harris, Daniela Kim MD, Julie Cline, Geraldine Mariano

The meeting was called to order at 4:02pm.

2. APPROVAL OF MINUTES FOR MEETING OF JANUARY 10, 2023

Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Regarding these meeting minutes, I commented 1/10 about missing Nursing Policy D-1.0 on Nursing Restorative Care. RCA Report #1 noted LHH's Restorative Care process isn't designed to maintain functional ability of residents, increasing the probability residents ARE at increased risk for harm due to declines in functional abilities, a civil rights concern of the U.S. DOJ in 1998. CMS expects LHH will develop a restorative nursing program in collaboration with nursing and physical therapy leadership. LHH will utilize industry standards when developing the program to ensure best practices are established. That's patently ridiculous. Ask current Chief of Rehabilitation Services Dr. Lisa Pascual, my direct report at LHH. She knows I assisted Senior Physical Therapist Paul Carlisle, and Senior Occupational Therapist Marilyn Brandt develop a centralized Restorative Care Level I program in 8/2009; Carlisle worked with Jill LeCount in LHH's DET developing a Level II ward-based nursing restorative care program.

Commissioner Comments:

Commissioner Chow noted that page 4, Terry Dentoni's title should be "Acting."

Action Taken: The Committee unanimously approved the January 10, 2023 minutes, with the correction noted above.

3. GENERAL PUBLIC COMMENT:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

LHH's acting CEO Roland Pickens previously reported CMS' concern LHH management positions use naming conventions for senior management in acute-care hospitals, like using "Chief Nursing Officer" (CNO), rather than "Director of Nursing" (DoN) in SNF's. Or "Chief Medical Officer" rather than "Medical Director" in SNF's. Last August, Commissioner Chow requested a readable LHH organization chart. Baljeet Sangha claimed an evaluation of LHH's pilot organization restructuring would be done by 1/31/22 (which wasn't done). Given LHH's new job posting announcements, it's painfully obvious LHH's organization structure has changed. This Commission should demand an updated LHH org chart. Importantly, LHH's new Nursing Home Administrator (NHA) will be LHH's actual CEO, and won't report to LHH's CEO but to SFHN's CEO. LHH's NHA should report to Dr. Colfax like Larry Funk did in 2004, not to SFHN's CEO. LHH's DoN shouldn't have indirect reporting to SFHN's CNO, since they didn't in 2004, either!

4. EXECUTIVE TEAM REPORT

Roland Pickens, Interim Chief Executive Officer, presented the item.

Public Comment:

Dr. Teresa Palmer, asked if the root cause analysis or action plan been accepted by CMS.

Art Persyko wondered if the root cause analysis includes a review of the flow project. LHH is our beloved long term care facility. The ZSFG flow project caused the issues that led to LHH losing its certification. Everyone in San Francisco is now at risk of losing this facility. In May of this year, lives of LHH patients may again be put at risk. Transfers killed 12 LHH residents last time. There are no good alternatives to LHH. San Francisco needs more skilled nursing beds, more board and care beds, and more home care services.

Normal Dageleman, Gray Panthers, is concerned that LHH patients not be transferred.

Michael Lyons, noted that there is a mental health facility on the ZSFG campus. As it was open, there were plans to shut it down. He has no sympathy with the Health Commission saying that people with mental health and substance issues need a place to go. The Health Commission shut down an existing treatment center for this population. He finds it appalling at much secret business is being done in closed session.

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Slide # 9 in Mr. Pickens' PowerPoint presentation is pathetic. He claims CMS hasn't accepted LHH's "Revised Closure Plan" submitted on 12/11. LHH has refused to release it after multiple records requests placed since 11/14. The Plan was required, due to the 12 patients deaths that occurred under the Initial Closure Plan. CMS is clearly fed up with LHH's delay. CMS wrote on February 1: "... Laguna Honda's draft revised closure plan has not been approved. CMS, CDPH, and the California Department of Health Care Services provided feedback on Laguna Honda's plan on January 13 and 18, 2023, and we have not yet received a revised version in response. CMS warned that if LHH doesn't timely complete its revised closure plan, CMS reserves the right to pursue all remedies and enforcement measures under the Settlement Agreement, and reserves "... its right to terminate the agreement pursuant to Paragraph 3."

Commissioner Comments:

Commissioner Chow requested a copy of an updated LHH organization chart. He asked for an update on a scorecard to track all the quality improvement work being implemented. Mr. Pickens stated that LHH has reinstated the KPI Report, which tracks data on improvement work being implemented.

Commissioner Green asked for clarification on what quality improvement reports and materials such as the root cause analysis and action plan are available to the public. She asked for verification that the roadmap forward is clear, and that there is ample expertise now at LHH working towards recertification with DPH staff transferred to LHH, along with HSAG consultant guidance, and Phase 3 policies. She added that it is important to choose the right staff and leaders in the hiring process moving forward and retaining these valuable staff. Mr. Pickens stated that it is important to have leaders who are accountable and responsible in the recertification process; LHH has these through existing LHH staff, other DPH staff deployed, and consultants. He is confident that the interim team can achieve recertification. Of course, having leaders and staff with specialization in skilled nursing care is important. Regarding the question what materials are appropriate for open session discussions, he supports sharing information with the public that has been cleared by the City Attorney; transparency can only improve the work being done.

Commissioner Guillermo noted that the first QIE report is positive, acknowledging the many accomplishments of LHH towards recertification. She asked for clarification regarding the process of CMS acceptance of the proposed Action Plan. She asked for anticipated concerns if the plan approval is delayed. Mr. Pickens noted that the root cause analysis has been accepted by CMS. LHH continues to be in communication with CMS regarding the approval of the Action Plan.

Commissioner Guillermo asked if the CDPH has to weigh in on the Action Plan. Mr. Pickens stated that his understanding is that CMS and CDPH are working together to review and provide feedback on the action plan. However, CMS is the approving body for the Action Plan.

5. HIRING AND VACANCY REPORT

Sherri Suto, Principal HR Analyst, DPH Human Resources, presented the item.

Public Comment:

Dr. Teresa Palmer stated that it seems that LHH should to hire more staff now to prepare for the census going back up and due to the time it takes to hire in the City system. She also noted that so much staff time is currently spent on training, which takes time away from clinical services.

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

In 10/2 October when two near-fatal drug overdoses propelled LHH's decertification — LHH's overall vacancy rate was 10.1%, with 145 vacancies. That climbed on 1/31/23 by 2.8%, to a 12.8% overall vacancy rate involving 186 vacancies. For job code 2320 Registered Nurses, vacancies in 10/21 were 4.7%. It soared 9.1% to 13.8% on 1/31/23. Why are RN's jumping ship? Terry Dentoni poor leadership? Lack of a DoN familiar with CMS nursing home regulations? Burn-out from LHH management's failure to achieve CMS recertification? You should have started DoN and Nursing Home Administrator recruitment last July! Why are there 5.0 FTE vacancies across Physician Specialists? LHH is recruiting for a Chief Medical Officer to replace Dr. Hathaway, and for a Medical Director to replace Chief of Medicine, Dr. Banchemo-Hasson. Why did both doctors leave LHH? Because CMS recertification hasn't been achieved? Too much mismanagement interference by SFHN managers lacking skilled nursing facility experience?

Commissioner Comments:

Commissioner Green asked whether an analysis is being conducted on tasks currently being covered by

registered nurses to ascertain if other types of workers could provide some of these services, if allowed within their licenses. Mr. Pickens stated that LHH continues to work with Human Resources to fill all current vacancies. The current reduced census has not slowed down recruitment efforts. He added that Terry Dentoni, Acting Chief Nursing Officer, is conducting analysis of nursing functions. Ms. Dentoni noted that skilled nursing facility regulations are that 3.5 hours of service per day, with up to 2.4 of those hours can be served by unlicensed staff. LHH maintains between 4.4 and 5.2 hours of services per day. Nursing leadership continues to assess what functions can be provided by different types of providers, depending on skills and licensing. She added that state regulations for the LHH acute unit is 1 staff member to 5 patients and LHH maintains 1 staff member to 4 patients.

Commissioner Chow noted that there are a large number of interviews in progress and “pending selections” in regard to current vacancies.

6. REGULATORY AFFAIRS REPORT

Geraldine Mariano, Director of Regulatory Affairs, presented the item.

Public Comment:

Dr. Teresa Palmer noted that Mr. Pickens mentioned at a Board of Supervisors meeting that there is a regulation that may make it possible for LHH to get “grandfathered” in to keeping the 120 beds currently cut due to newer CMS regulations, and asked for an update on this issue.

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

It’s disturbing that the Regulatory Affairs Report presented today reports that of the 13 “Facility-Reported Incidents” (FRI) LHH submitted to CDPH during January 2023, one involved a “major injury.” Given that the recently released “Root Cause Analysis” reports have documents problems with LHH’s falls prevention program, the Regulatory Affairs Report should inform the LHH-JCC Commissions of what types of major injuries LHH is reporting each month to CDPH as FRI’s, so members of the public have some idea of what types of major injuries are happening to their friends and family members who are residents of the facility. Also, LHH’s acting Chief Nursing Officer, Terry Dentoni, just claimed during this meeting that LHH has 11 acute beds. That’s not true. LHH’s Medical Acute Unit has 6 beds, and LHH’s Rehabilitation Services Department has 5 beds for patients who need acute physical medicine rehabilitation, but they are not medically acute patients

Commissioner Comments:

Commissioner Chow asked for more specificity on future reports to help contextualize what incidents have action plan been submitted to address. He encouraged LHH and ZSFG to work together to better synchronize the report at both hospitals, so content and formatting mirror one another.

Commissioner Green asked for more information on turn-around time around acceptance of plans of correction to better understand the flow of these processes. Ms. Talai, Chief Quality Officer, stated that LHH will provide more clarification information on future reports. She noted that the action plans contained in this month’s report do not relate to the recertification action plan.

Commissioner Guillermo requested that more contextual information be included on future reports to give basic information about date and steps related to clearing facilities related incident investigations.

7. LAGUNA HONDA HOSPITAL POLICIES

Nawzaneen Talai, Chief Quality Officer, presented the item.

February 2023

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	MSPP	C01-02	Autopsy Policy & Procedures

Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

It's sad the only LHH policy this Governing Body is reviewing today is policy C01-02 on Autopsy's. What about the still-living patients who need restorative care programming to prevent further functional decline on physical functioning following disease onset or disease progression? I testified to the LHH-JCC meeting on 1/20/23 that Nursing Policy D-1.0, "Nursing Restorative Care," was missing in action, and wasn't presented for your review.

Why hasn't that policy been updated and presented for your approval today? After all, HSAG's QIE Report #1 submitted to CMS on 12/1/22 noted LHH doesn't have a formalized restorative nursing program with defined ownership. As well, the 7/19 LHH'S Mock Survey Phase 1 report authored by HMA had noted eight months ago the Restorative Care program had devolved into dysfunction. The LHH-JCC needs to direct LHH to reinstate Restorative Care programming now, since LHH's Nursing Department has ran it into the ground.

Action Taken: The LHH JCC unanimously voted to recommend that the full Health Commission approve the policy.

8. CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

The Health Commission has been aware since as early as March 28, 2022 that CDPH found multiple F-Tag F656 "Comprehensive Resident Centered Care Plan" deficiencies receiving Severity-and-Scope "E" — a "Pattern" — citations. Details of many of those violations claimed LHH's PIPS (Performance Improvement and Patient Safety) and MEC committees shall have reported overall compliance, or alternatively massive noncompliance, to this LHH-JCC. But your practice is to discuss the PIPS reports in closed session, effectively hiding and minimizing — these violations from both LHH's residents and the public. Since we are all greatly concerned about LHH's Patient Safety, this LHH-JCC should schedule an open-session discussion to show remedial corrective actions this JCC ordered LHH to implement. Assuming, of course, as LHH's governing body you actually respond in any meaningful oversight way to the PIPS reports sent to you, with actions taken to assure compliance. PIPS reports should be presented in Open Session.

Dr. Teresa Palmer stated the people of San Francisco need to understand what the future holds for Laguna Honda, and really need to understand how they can support the recertification process. By going into closed session, it is not keeping the public updated. She encouraged doing as much as possible in open session. The public needs to know what is happening so they can support these efforts.

B) Vote on whether to hold a Closed Session.

Action Taken: The LHH JCC members unanimously voted to go into closed session.

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

**CONSIDERATION OF
MEDICAL STAFF
CREDENTIALING MATTERS**

**CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT
(Daniela Kim, MD)**

**CONSIDERATION OF PERFORMANCE
IMPROVEMENT AND PATIENT SAFETY
REPORTS AND PEER REVIEWS**

**QUALITY IMPROVEMENT MEDICARE RECERTIFICATION
UPDATE AND QUALITY IMPROVEMENT CLOSURE
PLAN UPDATE**

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non- Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)
2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Committee unanimously voted to not disclose discussions held in closed session.

10. ADJOURNMENT

The meeting was adjourned at 7:32pm.